



How to Comply with the CMS Conditions for Coverage on Emergency Preparedness

List Your Discipline (RN, MSW, RD): _____

Name _____ Email: _____

Date: **11/9/18**

Please rate the program by circling the number from 1 – 5.

1 (poor) 2 (fair) 3 (good) 4 (very good) 5 (excellent)

1. The material was presented in a clear and concise manner 1 2 3 4 5

Comments:

2. The instructor was knowledgeable about the material and discussion. 1 2 3 4 5

Comments:

3. The class content was useful and appropriate 1 2 3 4 5

Comments:

4. The information was helpful and met my expectations 1 2 3 4 5

Comments:

5. What topics would be of interested to you for the next presentation?

6. What did you like or not like about this presentation?

7. How would you make it better?

Please email completed form to Jennifer.cooper@usrenalcare.com